STATEMENT OF

FEC FORM 1		ORGAN	NIZATIO	ON	i		
1. NAME OF COMMITTEE (in	n full)	(Check if nar		mple:If typing, type	12FE4M	Office Use Only	
INDIANA I	IORSI	Ę ĄSSOCIA	TION				
	1111					1 1 1 1 1 1 1 1 1 1	اــــ
ADDRESS (number a	nd street)	1504 S. Ho	puston	Street			
(Check if address is changed)		Kaufman			TX	75142	
			CITY		STATE	ZIP CODE	
COMMITTEE'S E-MA (Check if is change	address	ss (Please provide only inhorseas:		dress) n@gmail.co	om		الن ا
COMMITTEE'S WEB	address		rseasso	ciation.tuml	olr _r com		
2. DATE 1	<u> </u>	2012					
3. FEC IDENTIFIC	CATION NU	IMBER	C 00526	6764			
4. IS THIS STATE	MENT	NEW (N)	OR 🔀	AMENDED (A)			
I certify that I have	examined the	is Statement and to th	e best of my	knowledge and belief i	it is true, correc	t and complete.	
Type or Print Name	of Treasurer	Julie Cara	amante				
Signature of Treasur	er	Julie C	aran	rante	Date 10	09 2012	ine .
NOTE: Submission of		•	-	oject the person signing		o the penalties of 2 U.S.C. §43	7 g.
Office Use Only				For further Information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)	

	Nam Can	
r-id	Cano Party	
CO N	(c)	
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M M	Par	ty C
	(d)	
Project	Poli	itica
	(e)	
	(f)	ē

FEC F	form 1 (Revised 02/2009)	Page 2			
	COMMITTEE				
Cendida (a)	te Committee: This committee is a principal campaign committee. (Complete the candidate information below.)				
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Comp	elete the candidate			
Name of Candidate	information below.)				
Candidate Party Affilia	Office Sought: House Senate President	State District			
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name of Candidate					
Party Co	mmittee: (National, State	Democratic.			
(d)		Republican, etc.) Party.			
Political	Action Committee (PAC):				
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:			
	Corporation Corporation w/o Capital Stock	Labor Organization			
	Membership Organization Trade Association	Cooperative			
	In additton, this committee is a Lobbyist/Registrant PAC.				
(f) ×	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)				
	In addition, this committee is a Lobbyist/Registrant PAC.	In addition, this committee is a Lobbyist/Registrant PAC.			
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)				
Joint Fundraising Representative:					
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a faderal aandidate.	o or more political			
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for tw committees/organizations, none of which is an authorized committee of a federal candidate.	o or more political			
Co	mmittees Participating in Joint Fundraiser				
1.					
2.					
3.					
4.					
••		and a few that the di			

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Write or Type Committee Name		
INDIANA HORSE	ASSOCIATION	
6. Name of Any Connected Or	gáńization, Affillated Committee, Joint Fundraising Repre	esentative, or Leadership PAC Sponsor
Mailing Address		
l	CITY	STATE ZIP CODE
	——————————————————————————————————————	SIAIE ZIF GODE
Relationship: Connected	Organization Affiliated Committee Joint Fundraising	Representative Leadership PAC Sponsor
 Custodian of Records: Identification books and records. 	fy by name, address (phone number optional) and position	on of the person in possession of committee
Full Name Paula	3acon	1
Full Name		<u> </u>
Mailing Address	1504,S. Houston Street	
!		
1	Kaufman	TX 75142 -
Title or Position	CITY	STATE ZIP CODE
Custodian of Reco	Prds Telephone num	ber [972] - [824] - [1073]
Treasurer: List the name and any designated agent (e.g., as	address (phone number optional) of the treasurer of the sistant treasurer).	committee; and the name and address of
Call Name 1 11 0		
Full Name Julie C	aramante.	
Mailing Address	1504,S. Houston Street	
İ		<u> </u>
	Kaufman	TX ₁ 75142
		STATE ZIP CODE
Title or Position		
Treasurer	Telephone numb	_{per} [281] - [766] - [4040]

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Full Name of Designated Agent	Paula Baco	on			
Mailing Address	150	4 S. Houston Street	11111	111	
	لــــا				
	(Kau	fman , , , , , , , , , , , , , , , , , , ,		TX TATE	75142 ZIP CODE
Title or Position [Assistant]	reasurer , ,		Telephone numbe	972-824-	1073]
. Banks or Other safety deposit b Name of Bank,	oxes or maintains fu	all banks or other depositories in whinds.	ich the committee	deposits fu	nds, holds accounts, rents
	JPMorgan	Chase Bank	<u> </u>		
Mailing Address	<u> 18</u> 11	Preston Road			
Mailing Address	ا <mark>8</mark> 11 لـــا	Preston Road		<u> </u>	
Mailing Address	[8 <u>11</u> Dall			ΓX	[7 5225]
Mailing Address	ليا			TX	[75225]
Mailing Address Name of Bank,	L_L [Dall	as			
	L_L [Dall	as			
	Dall Depository, etc.	as			
Name of Bank,	Dall Depository, etc.	as			ZIP CODE
Name of Bank,	Dall Depository, etc.	as			ZIP CODE

Federal Election C ENVELOPE REPLACEMENT PAGE I The FEC added this page to the end of this	FOR INCOMING DOCUMENTS
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
Delivery Confirmation™ or \$	Signature Confirmation™ Label
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery
Received from House Records & Registra	Date of Receipt tion Office
Received from Senate Public Records Offi	Date of Receipt ice
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	Date of Receipt or Postmarked
PV	10/18/2012
PREPARER (3/2005)	DATE PREPARED
(0/2003)	